

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90043 038 ****61.25

DOCUMENT # N27097

1. Entity Name

ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business

4815 SMITHFIELD RD
MELBOURNE FL 32934
US

Mailing Address

4815 SMITHFIELD RD
MELBOURNE FL 32934
US

2. Principal Place of Business

2605 RANCH ROAD
Suite, Apt. #, etc.

3. Mailing Address

2605 RANCH ROAD
Suite, Apt. #, etc.

City & State

WEST MELBOURNE FL
Zip FL, Country USA

City & State

WEST MELBOURNE FL
Zip 32904 Country USA

4. FEI Number

59-2961711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENKE, OTTO
4815 SMITHFIELD RD
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name BRIAN ABRAHAMSON
Street Address (P.O. Box Number is Not Acceptable)
2605 RANCH ROAD
City WEST MELBOURNE FL Zip Code 32904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Brian Abrahamson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	HUGHES, JULIE	<input type="checkbox"/> Delete
STREET ADDRESS			5126 S.E. FEDERAL HWY	
CITY-ST-ZIP			STUART FL 34957	
TITLE	VP	NAME	NICHOLS, NICK	<input type="checkbox"/> Delete
STREET ADDRESS			593 COMANCHE AVE	
CITY-ST-ZIP			MELBOURNE FL 32935	
TITLE	D	NAME	HILLGER, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS			4815 SMITHFIELD RD	
CITY-ST-ZIP			MELBOURNE FL 32934	
TITLE	D	NAME	RHODEN, STAN	<input type="checkbox"/> Delete
STREET ADDRESS			1894 SARNO RD	
CITY-ST-ZIP			MELBOURNE FL 32934	
TITLE	T	NAME	LENKE, OTTO	<input type="checkbox"/> Delete
STREET ADDRESS			4815 SMITHFIELD RD	
CITY-ST-ZIP			MELBOURNE FL 32934	
TITLE	D	NAME	CROUCH, SUE	<input type="checkbox"/> Delete
STREET ADDRESS			599 SHERWOOD AVE	
CITY-ST-ZIP			SATELLITE BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	NICK NICHOLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			593 COMANCHE AVE	
CITY-ST-ZIP			MELBOURNE FL 32935	
TITLE	VP	NAME	HILLGER MIKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4815 SMITHFIELD RD	
CITY-ST-ZIP			MELBOURNE FL 32934	
TITLE	D	NAME	RHODEN, STAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1894 SARNO RD MELBOURNE FL,	
CITY-ST-ZIP			32934	
TITLE	T	NAME	ABRAHAMSON BRIAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2605 RANCH ROAD	
CITY-ST-ZIP			WEST MELBOURNE FL 32904	
TITLE	D	NAME	CROUCH, SUE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			599 SHERWOOD AVE	
CITY-ST-ZIP			SATELLITE BEACH FL 32937	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Abrahamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 321-676-4883
Date Daytime Phone #

CR2E037 (9/01)